

1. DATE - TIME GROUP 6 May 65 07/0400Z	2. LOCATION Brookville, Ohio 2
3. SOURCE Civilian	10. CONCLUSION AIRCRAFT <i>PWB</i>
4. NUMBER OF OBJECTS One	Data did not indicate flight pattern, however no indication that the object could NOT have been caused by an aircraft.
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS Dull moonlight, many stars clear sky dry night. Object appeared as a light much brighter than the stars. Motion included stationary portion and sudden burst of speed. Object disappeared suddenly. Small. Bright white color. Round shape Initial observation at 45 deg elevation in SE, disappearance at 60 deg elevation in South. Flight in straight line.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE West	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

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BROOKVILLE, O.

A/C

(NOT BASE OPS)

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

6 MAY 1965
Day Month Year

2. Time of day: 23 00
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

AIR HILL ROAD
Nearest Postal Address

BROOKVILLE, O.
City or Town

MONTGOMERY, O.
State or County

5. How long was object in sight? (Total Duration)

Hours 5 Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

ESTIMATED

5.2 Was object in sight continuously?

Yes X No

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

MUCH BRIGHTER THAN STARS

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|-----------|------------|
| a. Appear to stand still at any time? | <u>Yes</u> | No | Don't know |
| b. Suddenly speed up and rush away at any time? | <u>Yes</u> | No | Don't know |
| c. Break up into parts or explode? | Yes | <u>No</u> | Don't know |
| d. Give off smoke? | Yes | <u>No</u> | Don't know |
| e. Change brightness? | Yes | <u>No</u> | Don't know |
| f. Change shape? | Yes | <u>No</u> | Don't know |
| g. Flash or flicker? | Yes | <u>No</u> | Don't know |
| h. Disappear and reappear? | Yes | <u>No</u> | Don't know |

14. Did the object disappear while you were watching it? If so, how?

YES, DISAPPEARED SUDDENLY

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound NO
b. Color BRIGHT WHITE LIGHT

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

WOULD HAVE COVERED ALL OF IT

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

ROUND

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

VERY FAST

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

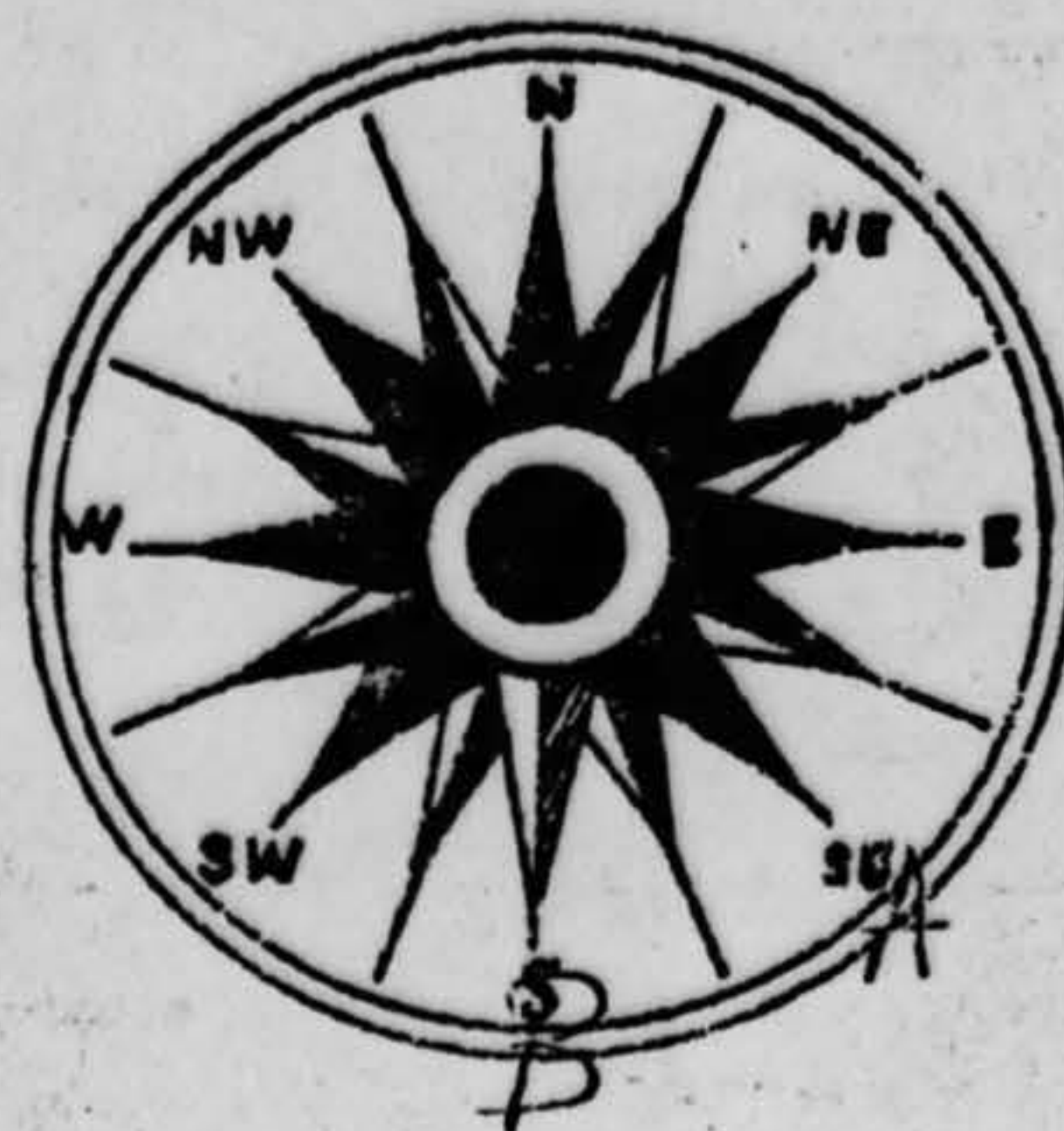
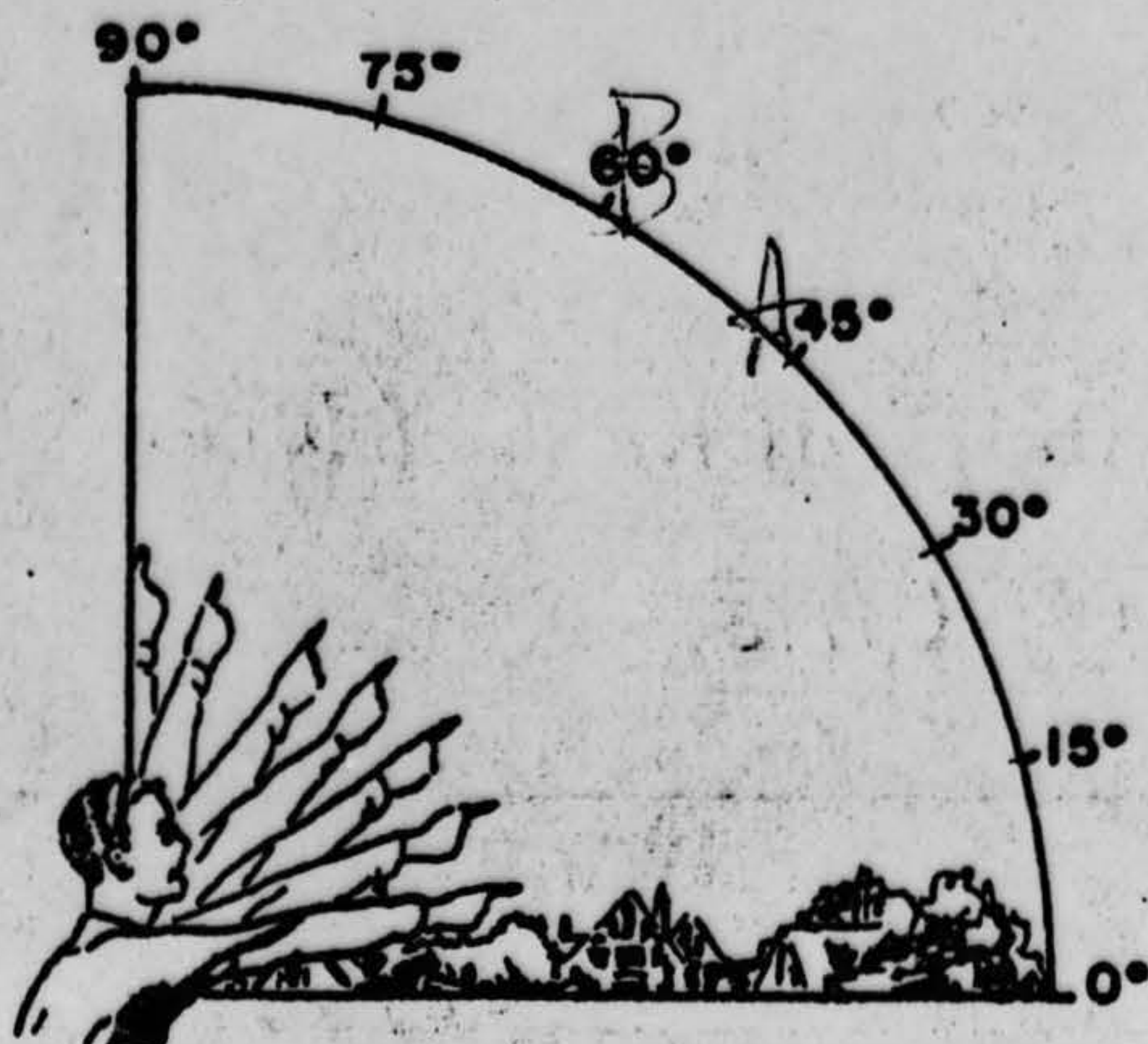
Yes

No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

STR. LINE

29. IF there was MORE THAN ONE object, then how many were there? NO/ONLY ONE
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

☐ No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

☐ No

31.2 Please list their names and addresses:

MRS.

[REDACTED]

(WIFE)

BROOKVILLE, OHIO

32. Please give the following information about yourself:

NAME

[REDACTED]
Last Name

[REDACTED]
First Name

[REDACTED]
Middle Name

ADDRESS

[REDACTED]
Street

BROOKVILLE

City

Zone

OHIO

State

TELEPHONE NUMBER

[REDACTED]

AGE

22

SEX

MALE

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

6

Day

MAY

Month

65

Year

FTD

DUTY

OFFICER

34. Date you completed this questionnaire:

6 MAY 65
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.